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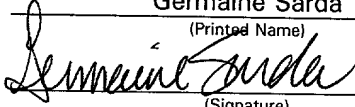
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Atty. Dkt. No. 041673-2053

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tuszynski, Mark H.  
Title: METHODS FOR THERAPEUTIC  
USE OF BRAIN DERIVED  
NEUROTROPHIC FACTOR IN  
THE ENTORRHINAL CORTEX

Appl. No.: Unknown  
Filing Date: December 31, 2001  
Examiner: Unknown  
Art Unit: Unknown

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EV003596009US	December 31, 2001
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mark H. Tuszynski  
7508 Mar Avenue  
La Jolla, CA 92037

☒ Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (22 pages).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Return postcard.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	16	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$870.00
[ X ] Small Entity Fees Apply (subtract ½ of above):					= \$435.00
				TOTAL FILING FEE:	= \$435.00

- [ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 1-31-01

By Stacy L. Taylor

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